STATE OF MAINE

BOARD OF COUNSELING PROFESSIONALS LICENSURE

APPLICATION FOR LICENSED PROFESSIONAL COUNSELOR LICENSURE



Department of Professional and Financial Regulation Office of Licensing and Registration 35 State House Station Augusta, ME 04333-0035

> Office Telephone: (207) 624-8674 Office Facsimile: (207) 624-8637 HEARING IMPAIRED (888) 577-6690 E-mail: colleen.a.eugley@maine.gov

Office located at: 122 Northern Avenue, Gardiner, Maine



Board of Counseling Professionals Licensure

35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035
(888) 577-6690 (HEARING IMPAIRED)

ANNE L. HEAD DIRECTOR

JOHN ELIAS BALDACCI GOVERNOR

Dear Applicant:

The application material you have requested from the Board of Counseling Professionals Licensure is enclosed. It contains all of the information you will need to complete your application. **Please read the forms, the laws and the rules carefully**. Follow the directions in the rules for licensure eligibility requirements appropriate to the category of license for which you are applying. Do not rely solely on the applicant information sheet enclosed. This document is intended to be just a quick checklist and is furnished for your convenience.

If you have questions about the application package you are about to send to us, please feel free to call our office. However, once you have submitted your application, we ask that you refrain from calling the office to inquire about the status of your application. If the application package you submit to us is complete, it will be prepared and presented to the board for official action. If there are deficiencies about your application, it will be returned to you together with a notice that your application is incomplete for the reasons noted. Any application received by the board must be complete before the Board will review it. If all components of the application are not complete 10 days prior to the Board meeting the application will not be reviewed at that Board meeting. Due to the volume of applications being reviewed by the board at any given time, we cannot guarantee a particular review date, but the board will endeavor to expedite the review of your application.

Results of the board's action will not be provided by phone. Therefore, we ask that you refrain from calling our office after the meeting to receive telephone results of board actions. You will be notified, in writing, within two weeks of the board meeting, of the board's decision regarding your application. Calling our office will cause a delay in notifications being prepared for mailing. We appreciate your thoughtful attention to this request.

We wish you well with your application for Maine licensure, and look forward to receiving your material soon.

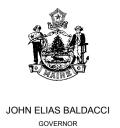
Sincerely, Board of Counseling Professionals Licensure

OFFICE PHONE: (207)624-8674

PRINTED ON RECYCLED PAPER

CYCLED PAPER FAX: (207)624-8637

(888)577-6690 (HEARING IMPAIRED)
OFFICES LOCATED AT: 122 NORTHERN AVENUE,
GARDINER, MAINE



Board of Counseling Professionals Licensure

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ANNE L. HEAD DIRECTOR

LICENSURE – FULL / CONDITIONAL APPLICATION (SEE CHAPTERS 2 -6 OF THE BOARD'S RULES FOR REQUIREMENTS)

A COMPLETE APPLICATION SHALL INCLUDE THE FOLLOWING:

	Completed and Signed Application Form. (Attachment 1)
	Application fee of \$100.00.
	License fee: Permanent License Fee \$300.00 / Conditional License Fee \$150.00.
	Criminal History fee of \$15.00
	Official Transcript - forwarded directly to the Board by the academic institution holding the
	transcript.
	Verification of Internship – form completed by university that attests to the number of internship
	hours, and also describes the counseling activities, setting, and supervisor credentials of the
	internship experience. (Attachment 8).
	Applicants for Full Licensure must submit Completed Supervisor's Affidavit forms. (Attachment
	6).
	Applicants for Conditional Licensure must submit a Proposed Supervision Plan using the
	enclosed form. (Attachment 7)
	Reference Forms - 3 forms to be completed by professionals in the counseling field and dated
	within one year prior to the date of application. (Attachment 5)
	Official proof of a passing score on an examination as prescribed in the Rules - forwarded to the
	Board directly by the organization holding the test scores or a request for examination.
	(Attachment 10) If you are requesting to sit for the exam, please indicate test date on
	enclosed form.
	A copy of your Disclosure Statement. (Attachment 16)
	Education Worksheet for appropriate license applied for - Applicant must also submit a course
	brochure/catalog which describes courses. (Attachment 12, 13, 14, or 15)
•	OTE: FEES CAN BE COMBINED AND SUBMITTED AS ONE PAYMENT. IF YOU ARE PAYING BY MONEY
OR	DER OR BY CHECK, PLEASE MAKE PAYABLE TO: TREASURER, STATE OF MAINE.)

LICENSURE – LICENSED IN ANOTHER JURISDICTION APPLICATION

INSTRUCTIONS FOR APPLICANTS LICENSED IN ANOTHER JURISDICTION

(SEE CHAPTER 6 OF THE BOARD'S RULES)

There are three pathways to licensure as outlined below:

Pathway 1: Reciprocal agreement between the State of Maine and another jurisdiction*, or

Pathway 2 – Substantially Equivalent License: Applicant submits evidence of 5 years actively practicing with a substantially equivalent license immediately preceding application that is in good standing, or

Pathway 3 – Substantially Similar Qualifications: Applicant's qualifications are substantially similar to Maine's licensing requirements with a license that is in good standing.

*Currently, the State of Maine Board of Counseling Professionals Licensure has not entered into any reciprocal agreements with other jurisdictions. Therefore, applicants should submit their application according to either Pathway 2 or Pathway 3 if already licensed in another jurisdiction.

PATHWAY 2 APPLICATIONS SHALL INCLUDE THE FOLLOWING:

Completed and Signed Application Form. (Attachment 1)
Application fee of \$100.00.
License fee: Permanent License Fee \$300.00.
Criminal History fee of \$15.00.
Official Transcript - forwarded directly to the Board by the academic institution holding the
transcript.
Three reference forms completed by professionals in the counseling field and must be dated
within one year prior to the date of application. (Attachment 5)
A copy of the relevant licensing law and Board rules of the licensing or certifying state of
jurisdiction from which you are applying.
A copy of all mental health licenses under which applicant practiced during the 5 consecutive
years.
Verification of mental health licensure from the jurisdiction(s) in which the applicant was ever
licensed. (Attachment 9)
A copy of your disclosure statement. (Attachment 16)
A resume and summary of applicant's licensed mental health practice.

PATHWAY 3 APPLICATIONS SHALL INCLUDE THE FOLLOWING:

	Completed and Signed Application Form. (Attachment 1)
	Application Fee of \$100.00.
	License Fee: Permanent License Fee \$300.00.
	Criminal History fee of \$15.00.
	Official Transcript - forwarded directly to the Board by the academic institution holding the
	transcript.
	Three reference forms completed by professionals in the counseling field and must be dated
	within one year prior to the date of application. (Attachment 5)
	Verification of Internship – form completed by university that attests to the number of internship
	hours, and also describes the counseling activities, setting, and supervisor credentials of the
	internship experience. (Attachment 8).
	Education Worksheet for appropriate license applied for - Applicant must also submit a course
	brochure/catalog which describes courses. (Attachment 12, 13, 14, or 15)
	Completed Supervisor's Affidavit forms. (Attachment 6).
	Official proof of a passing score on an examination as prescribed in the Rules - forwarded to the
	Board directly by the organization holding the test scores or a request for examination.
	(Attachment 10) If you are requesting to sit for the exam, please indicate test date on
	enclosed form.
	A copy of all mental health licenses under which applicant practiced.
	Verification of all mental health licenses in other states. (Attachment 9)
	A copy of your disclosure statement. (Attachment 16)
•	OTE: FEES CAN BE COMBINED AND SUBMITTED AS ONE PAYMENT. IF YOU ARE PAYING BY MONEY DER OR BY CHECK, PLEASE MAKE PAYABLE TO: TREASURER, STATE OF MAINE.)
	IF YOU ARE CURRENTLY CONDITIONALLY LICENSED AND ARE APPLYING FOR FULL LICENSURE YOU MUST INCLUDE THE FOLLOWING:
	Completed and signed Application. (Attachment 1)
	Application fee of \$100.00 and License fee of \$300.00.
	Submission of evidence of completing the required continuing education activities for current conditional licensing cycle.
	A copy of your Disclosure Statement. (Attachment 16)
	Criminal History fee of \$15.00.
	Completed and signed Supervisor's Affidavit's Form. (Attachment 6)

PLEASE NOTE:

If you are submitting an application for full licensure near the expiration date of your conditional license, you should include a completed and signed **renewal application** in your application packet to the board. The inclusion of your renewal application is intended to avoid a potential gap in licensure between your conditional license and the board's approval of your application for full licensure. In the event that your renewal application needs to be processed, you will be contacted by the board and will be requested to pay the renewal fee before the renewal application is processed.



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ANNE L. HEAD DIRECTOR

APPLICATION FOR LICENSURE

A LICENSE FEE & AN APPLICATION FEE ARE REQUIRED FOR EACH LICENSE APPLIED FOR

(Make Checks Payable to: Treasurer, State of Maine)

Notice regarding Social Security Number Disclosure

The following statement is made pursuant to the Privacy Act of 1974 section 7 (B). Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 MRSA section 175 as authorized by the Tax Reform Act of 1976 (42 USC section-405 (C) (2) (1)). Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filling obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your social security number and it shall be treated as confidential tax information pursuant to 36 MRSA section 191.

Notice regarding Public Information

This application is a public record for purposes of Maine's Freedom of Access Law, 1 MRSA §401, et seq. Public records must be made available to any person upon request. Information that you supply as part of this application (except your Social Security number) is public information. Other licensing records to which this information may later be transferred are also considered public records. Where permitted by law, your name, license number, mailing address and other information listed on this application may be posted on the State's website.

CHECK APPROPRIATE CATEGORY:

Professional Counselor

☐ Other Jurisdiction

☐ Standard☐ Conditional

PERSONAL INFORMATION:				
Pursuant to 5 M.R.S.A. §5301-5303, the State of Maine is applicant's criminal history record. The Office of Licensing check as part of the application process for all applicants. accordingly.	g and Registra	tion requires	a criminal histo	ry records
Name	S.S. #			

Mailing Address _____ City _____

State _____ Zip Code ____ County ____

Daytime Telephone () Date of Birth

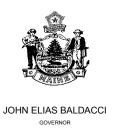
WORK INFORMATION: Workplace Zip Code _____ Work Telephone () _____ **EDUCATION: (Official transcripts must be submitted directly from Institution)** Institution Name & Address Degree Granted & Date Conferred Institution Name & Address Degree Granted & Date Conferred _____ Institution Name & Address _____ Degree Granted & Date Conferred _____ **COUNSELING EXPERIENCE:** 1. Workplace Name_____ Dates Employed 2. Workplace Name____ Address____ Dates Employed _____ 3. Workplace Name Address Dates Employed **SUPERVISORS:** (Applicants for Conditional license must submit a written plan for completing supervision) Name _____ Address _____ Name

Address	

Attachment 1-Page 2

<u>CREDENTIALING HISTORY:</u> (If you answer YES on any of #2 - #5, please attach an explanation of each on a separate sheet)

1.	Have you ever held a professional license/certification/registration in this or any other state/country? [] YES [] NO		
	If yes, what profession?		
	Where?	Expiration Date	
2.	Has your license/certification/registration or prof	essional membership ever been disciplined?	
3.	Have you ever been convicted of a crime other	han a minor traffic violation? []YES []NO	
	If yes, please describe in detail the date(s), crim judgment(s) as well as a letter from you explaini conviction.	· ,	
4.	Do you have pending against you any complain organization? [] YES [] NO	ts from a regulatory board or professional	
5.	Have you ever been or are you currently a defer professional activities? [] YES [] NC		
6.	Have you ever taken a Counseling Examination	? [] YES [] NO	
	If yes: Where? Which Example	m? Date Taken?	
LICE	NSED IN ANOTHER JURISDICTION: (See Cha	pter 6 of the Board Rules)	
Licens	se Issue Date	State/Country	
Issuin	ng Authority		
Have	you taken a qualifying examination in any other s	tate? [] YES [] NO	
If yes:	:: Where? Which Exam?	Date Taken?	
IS TR	/E READ AND COMPLETED THIS APPLICATION RUE TO THE BEST OF MY KNOWLEDGE. I ALS CS AS APPROVED BY THE BOARD.		
SIGN	IED	DATE	



Board of Counseling Professionals Licensure

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ANNE L. HEAD

ACCOMMODATION REQUEST FORM

The information requested below and any documentation regarding your disability and your need for accommodation in testing will be considered strictly confidential and will not be shared with any outside source without your express written permission.

NAME:				
ADDRESS:				
PHONE: () SC	OCIAL SECURITY #			
(CHECK ALL THAT APPLY) □ ACCESSIBLE TESTING SITE □ SEPARATE TESTING AREA □ BRAILLE □ LARGE PRINT □ TAPE □ READER AS ACCOMMODATION FOR VISU □ SCRIBE/AMANUENSIS AS ACCOMMODATI □ READER AS ACCOMMODATION FOR LEAF □ SCRIBE/ANANUESIS AS ACCOMMODATIO □ SIGN LANGUAGE INTERPRETER □ EXTENDED TIME □ TIME-AND-A-HALF □ DOUBLE TIME □ MORE THAN DOUBLE TIME(SPECIFY):	ON FOR VISUAL OR MOTOR IMPAIRMENT RNING DISABILITY N FOR LEARNING DISABILITY E EQUIPMENT (SPECIFY):			
SIGNED:	DATE:			
SOME ACCOMMODATION REQUESTS MAY R	ent 4-Page 1 EQUIRE ADDITIONAL DOCUMENTATION page 2)			

OFFICE PHONE: (207)624-8674

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ED ON RECYCLED PAPER FAX: (207)624-8637

DOCUMENTATION OF DISABILITY RELATED NEEDS

If you have a learning disability, a psychological disability, or other hidden disability that requires an accommodation in testing, please have this section completed by an appropriate professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation.

IF YOU HAVE EXISTING DOCUMENTATION OF HAVING THE SAME OR SIMILAR ACCOMMODATION PROVIDED TO YOU IN ANOTHER TEST SITUATION, YOU MAY SUBMIT SUCH DOCUMENTATION INSTEAD OF HAVING THIS PORTION OF THE FORM COMPLETED. ____since____in my capacity as a I have known (test applicant) (date) (professional title) The applicant has discussed with me the nature of the test to be administered. It is my opinion that because of this applicant's disability, he/she should be accommodated by providing the following: (check all that apply) ☐ TAPED TEST ☐ LARGE PRINT TEST ☐ READER ☐ SCRIBE/AMANUENSIS ☐ EXTENDED TIME: ☐ TIME-AND-A-HALF □ DOUBLE TIME ☐ MORE THAN DOUBLE TIME (PLEASE JUSTIFY) ☐ SEPARATE TESTING AREA ☐ USE OF COMPUTER OR OTHER ADAPTIVE EQUIPMENT (PLEASE SPECIFY): OTHER (PLEASE SPECIFY): SIGNED:_____TITLE:____

DATE:_____LICENSE # (if applicable):_____



Board of Counseling Professionals Licensure

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ANNE L. HEAD





GOVERNOR

AUTHORIZATION OF CREDIT CARD PAYMENT

Fees owed to this Department may be paid by the use of a credit card. If you wish to pay your fee(s) with your credit card, please complete this form and send it with your application. Payment through credit cards will not be processed without this authorization form.

Mailing Address: (applicant fees being paid for)				
City:	State:	Zip Code:		
County:	Telepho	ne #: (
Name of cardholder: (if other than applicant)				
Mailing Address: (if other than applicant)				
City:	State:	Zip Code:		
sing and Registration		onal and Financial Regulation, Office of		
		Card number ount of: \$		

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Board of Counseling Professionals Licensure

35 STATE HOUSE STATION
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04333-0035
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ANNE L. HEAD DIRECTOR

REFERENCE FORM

EACH APPLICANT MUST HAVE ONE FORM COMPLETED BY THREE DIFFERENT COUNSELING PROFESSIONALS. PLEASE PRINT OR TYPE

Name of applicant		ss#		
Address		City		
State	ZipCode	Phone#() _	-
Name of Counseling Profession	onal			
Address		City		
State	Zip Code	Phone#()	-
Professional title				
Relationship to Applicant	· · · · · · · · · · · · · · · · · · ·			
It is required that each application engage in the practice of cour				•
Do you believe that the ab competence? Yes No_	• •	emonstrates trustworth	niness, eth	nical integrity and
COMMENTS:				
				······································
Signature of Counseling Profe	essional Attachm	nent 5	D	ate
Office Phone: (207)624-8674	Printed on rec	~	FAX:	(207)624-8637

(888)577-6690 (HEARING IMPAIRED)

OFFICES LOCATED AT: 122 NORTHERN AVENUE, GARDINER, MAINE



Board of Counseling Professionals Licensure

35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035
(888) 577-6690 (HEARING IMPAIRED)

ANNE L. HEAD

REFERENCE FORM

EACH APPLICANT MUST HAVE ONE FORM COMPLETED BY THREE DIFFERENT COUNSELING PROFESSIONALS. PLEASE PRINT OR TYPE

Name of applicant		SS#		
Address		City		
StateZipC	Code	Phone#()	
Name of Counseling Professional				
Address		City		
StateZip	Code	Phone#()	
Professional title				
Relationship to Applicant				
It is required that each applicant shall engage in the practice of counseling in			0 1	•
Do you believe that the above said competence? Yes No	d applicant demons	trates trustworth	iness, ethical i	ntegrity and
COMMENTS:				
Signature of Counseling Professional	Attachment 5	_	Date	
Office Phone: (207)624-8674	PRINTED ON RECYCLED PAPER		FAX: (207)6	24-8637

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REFERENCE FORM

EACH APPLICANT MUST HAVE ONE FORM COMPLETED BY THREE DIFFERENT COUNSELING PROFESSIONALS. PLEASE PRINT OR TYPE

Name of applicant	SS#			
Address		City		
State	ZipCode	Phone#() _	-
Name of Counseling Prof	essional			
Address		City	'	
State	Zip Code	Phone#()	
Professional title	· · · · · · · · · · · · · · · · · · ·			
Relationship to Applicant				
	oplicant shall demonstrate tr counseling in such a manne			•
Do you believe that the competence? Yes	e above said applicant de No	monstrates trustworth	niness, et	hical integrity and
COMMENTS:				
Signature of Counseling	Professional			Pate
	Attachm	nent 5		
	(a)			



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SUPERVISOR'S AFFIDAVIT: To be completed by supervisor in accordance with Chapters 2 through 6 of the Board's Rules

	or Conditionally licensed SS#			
Name of Approved Supervisor				
Supervisor's License Title and Number				
State of LicensureOriginal Date	Expiration DateYears in Practice			
Facility or Agency				
Address	CityState Telephone #			
Zip CodeCounty	Telephone #			
IN WHICH SPECIALTY AREA: (Please ch	neck)			
Clinical Professional Counselor Marriage and Family Therapist	Professional Counselor			
Marriage and Family Therapist	Pastoral Counselor			
CUREDVICION (List records or of become)				
SUPERVISION (List number of hours)	Total number of aunorvision hours			
SUPERVISED EXPERIENCE (List number	Total number of supervision hours			
Hours of direct counseling with individuals	couples families groups			
Total hours of direct counseling	groups tarriines groups			
Supervised experience in counseling other	than the direct provision of counseling			
Total number of hours of supervised experience				
·				
 Please describe the applicant's function mental illness/disorders and psychosoci LMFT, Pastoral). 	nd dated, please comment on the following: s in terms of prevention, diagnosis and treatment of all treatment: (For the clinical licenses only – LCPC,			
 Please state briefly the licensee's personal character, ethical conduct, and competence: Please comment on the licensee's ability to function as a counselor (i.e. strengths and weaknesses): 				
I HEREBY ATTEST THAT THE ABOVE-NAMED APPLICANT IS/WAS UNDER MY SUPERVISON FROM THE PERIOD OF TO I ATTEST THAT ALL INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE. Supervisor's Signature Date				
Applicant's Signature				
Applicant 3 Olynature				
	Attachment 6			



OFFICE PHONE: (207)624-8674



Board of Counseling Professionals Licensure

35 STATE HOUSE STATION
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04333-0035
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ANNE L. HEAD
DIRECTOR

PROPOSED SUPERVISION PLAN CONDITIONAL COUNSELOR LICENSURE

NAME OF APPLICANT:		
S.S.#:		
SUF	PERVISION PLAN	
NAME OF SUPERVISOR:		
SUPERVISOR'S LICENSE NUMBER:		
TITLE:	FIRST DATE OF ISSU	JE:
FACILITY OR AGENCY:		
ADDRESS:		
WORK TELEPHONE NUMBER:		
SUPERVISION MUST EQUAL 1 HOUR/30 PLEASE DOCUMENT SPECIFIC PLANS THA		
GOALS OF PLAN:		
OBJECTIVES OF PLAN:		
IF PROVIDING CLINICAL SUPERVISION FOR AND TREATMENT:	A CLINCIAL LICENSE - PLEAS	E FOCUS ON DIAGNOSIS
I HEREBY ATTEST THAT THE ABOVE NA THE PERIOD BEGINNING INFORMATION IS TRUE TO THE BEST OF	I A ⁻	MY SUPERVISION FOR ITEST THAT ALL OF THE
Supervisor's Signature	D	ate
Applicant's SignatureAtta	Date	
Atta	acnment /-Page 1	
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OFFICES LOCATED AT: 122 NORTHERN AVENUE,
GARDINER, MAINE

APPROVED SUPERVISOR FORM

IAME OF SUPERVISOR:
IST THE NUMBER OF YEAR OF COUNSELING EXPERIENCE IN THE MODALITY (E.G. CLINICAL, MARRIAGE & FAMILY THERAPY, PASTORAL) WHICH YOU INTEND TO DOSUPERVISION:
DESCRIBE TRAINING RECEIVED IN COUNSELING SUPERVISION:
ND/OR
IST THE NUMBER OF YEARS AND TYPES OF EXPERIENCES IN PROVIDING SUPERVISION OF MENTAL HEALTH PROFESSIONALS:
PROVIDE A SEPARATE WRITTEN STATEMENT DETAILING YOUR SUPERVISION PHILOSOPHY, ORIENTATION AND EXPERIENCE.
HEREBY ATTEST THAT ALL THE INFORMATION ABOVE IS TRUE TO THE BEST OF MY (NOWLEDGE.
Supervisor's Signature Date



Board of Counseling Professionals Licensure

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AUGUSTA, MAINE
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ANNE L. HEAD DIRECTOR

DEGREE/INTERNSHIP VERIFICATION FORM

TO: Board of Counseling Professionals Division of Licensing & Enforcement 35 State House Station Augusta, ME 04333	
Student Name:	SS#
Institution:	
Address:	
	Degree Verification
Date of Graduation:P	Program:
Degree Awarded:A	Accreditation:
Concentration in which degree was aw	rarded:
	Internship Verification
Internship Experience: Please indicate or were not clinical in nature ("clinical" disorders).	ent Contact Hours: Total Contact Hours: whether the counseling activities, setting, and supervisor were is defined as the diagnosis and treatment of mental health
Signature of Person Verifying Degree/I	nternship:
Please Print Name:	Title:
Department:	Date:

Attachment 8



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VERIFICATION OF LICENSURE IN OTHER STATE

DIRECTIONS TO APPLICANT:

Complete front portion of form and forward one to each state where you hold or have held a license to practice counseling, family therapy or pastoral counseling.

To:State Board	I am applying for a license in the State of
Maine to practice as a	I was granted license #
license type on	by the State of
The Maine Board of Counseling Proflicense in the State of	essionals Licensure requests that I submit verification that my is in good standing.
	e any information in your files, favorable or otherwise, directly to essionals Licensure. Your early attention is appreciated.
	Signature:
	Print Name:
	Date:
before mailing.	a fee to complete this form, you should check with each State age 2 to be completed by State)

Attachment 9-Page 1



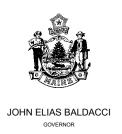
OFFICE PHONE: (207)624-8674

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DIRECTIONS TO STATE BOARD: Please complete and return form to the following address: MAINE BOARD OF COUNSELING PROFESSIONALS LICENSURE #35 STATE HOUSE STATION AUGUSTA, MAINE 04333

Name of Licensee:		License Type:
License #:		Date Issued:
License Current: Yes	No	Expiration Date:
Name of Exam Taken:		Date Exam Passed:
	2. Endorsem	ed? lent/Comity: State: supervision at the time the license was issued?
Are there any pending compl Yes No	· ·	icensee?
Have there been any other a	ctions taken again	st this licensee?
Yes No	_	
Explanation of above if answ	er is yes:	
State Deard Seel	Signature an	d Title:
State Board Seal	Date [.]	

Attachment 9-Page 2



Board of Counseling Professionals Licensure

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EXAMINATION

APPLICANTS WHO APPLY FOR EXAMINATION MUST SUBMIT ALL MATERIALS REQUIRED FOR LICENSURE BEFORE APPROVAL TO SIT FOR AN EXAMINATION WILL BE GRANTED. APPLICATION FOR EXAMINATION MUST BE SUBMITTED AT LEAST 90 DAYS PRIOR TO EXAM.

APPLICATION FEES MAY BE PAID BY CHECK. CHECKS ARE TO BE MADE PAYABLE TO THE "MAINE STATE TREASURER".

THE BOARD DOES NOT TAKE AN ADVISORY ROLE IN AN APPLICANT'S COURSE SELECTION. TO DETERMINE IF YOU HAVE MET THE MINIMUM REQUIRED CORE COURSES AND/OR IF YOU QUALIFY FOR LICENSURE, PLEASE CAREFULLY READ THE BOARD'S LAW AND RULES.

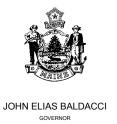
BOARD MEETINGS ARE USUALLY HELD THE FOURTH MONDAY OF EACH MONTH. IN ORDER TO BE REVIEWED, APPLICATIONS MUST BE RECEIVED AT LEAST 2 WEEKS PRIOR TO THE BOARD MEETING.

YOU WILL BE INFORMED OF THE RESULTS OF THE APPLICATION IN WRITING APPROXIMATELY TWO WEEKS AFTER THE BOARD MEETING. RESULTS OF THE APPLICATION REVIEW WILL NOT BE GIVEN OVER THE TELEPHONE.



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FAX: (207)624-8637



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AUGUSTA, MAINE
04333-0035
(888) 577-6690 (HEARING IMPAIRED)

ANNE L. HEAD

REQUEST FOR EXAMINATION APPLICANTS WHO APPLY FOR EXAMINATION MUST SUBMIT ALL MATERIALS REQUIRED FOR LICENSURE BEFORE APPROVAL TO SIT FOR AN EXAMINATION WILL BE GRANTED.

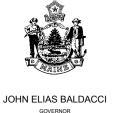
Please check the appropriate examination, fill in the information requested below and <u>return this</u> <u>form</u> will all other required application materials to the Maine Board of Counseling Professionals Licensure, 35 State House Station, Augusta, ME 04333.

Applicant for licensure as a Professional Counselor, Clinical Professional Counselor, or Pastoral Counselor: Exam Date: 01/21/2006 (**NCE**) App. deadline: 10/18/2005 App. deadline: 01/16/2006 Exam Date: 04/22/2006 App. deadline: 04/17/2006 Exam Date: 07/22/2006 App. deadline: 07/17/2006 Exam date: 10/21/2006 Applicant for licensure as a Marriage and Family Therapist: (PES) App. Deadline: 10/24/2005 Exam Date: 01/16/2006 to 02/11/2006 App. Deadline: 02/20/2006 Exam Date: 05/15/2006 to 06/10/2006 App. Deadline: 06/26/2006 Exam Date: 09/11/2006 to 10/07/2006 If you require special accommodations, please fill out the Accommodation Request Form and return it with your application materials. (Please Print) NAME: _______ ADDRESS: DATE OF BIRTH:_____ SOCIAL SECURITY #:____ DATE: TELPEHONE #: work home

Attachment 10



OFFICE PHONE: (207)624-8674 PRINTED ON RECYCLED PAPER FAX: (207)624-8637



Board of Counseling Professionals Licensure

35 STATE HOUSE STATION
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PREPARATION GUIDE FOR THE NATIONAL COUNSELOR EXAMINATION FOR LICENSURE AND CERTIFICATION (NCE)

The Official Guide for the NCE

- Describes the NCE
- Answers commonly asked questions about the NCE
- Suggests test-taking strategies
- Helps you assess your strengths & weaknesses regarding the subject matter covered by the exam
- Assists you in setting study priorities
- Lists over 40 potential resources for study and review
- Provides 134 practice examination questions
- Includes 38 former examination questions with justified responses

Developed and distributed by the National Board for Certified Counselors (NBCC), this guide will help you understand and prepare for the National Counselor Examination for Licensure and Certification (NCE). In an effort to reduce anxiety regarding the examination, we have tried to anticipate your questions about the nature of the examination and the testing procedures.

Price: \$24.95 (Price includes postage and handling)

To order your preparation guide for the NCE, please detach the bottom portion of this form and mail it with your check, money order, or credit card information to:

NBCC/NCE Preparation Guide 3-D Terrace Way Greensboro, NC 27403

	Gree	ensboro, NC 27403	
Please send me co		PREPARATION GUIDE for the NATIONAL COUNS FIFICATION.	ELOR
charge my: [] VISA []	MASTER C	vable to NBCC in the amount of, or ple CARD [] AMERICAN EXPRESS Account #:	
Expiration Date:		Amount Charged:	
Send preparation guide to:	Name		
	Address		
	Telephor	ne	
		Attachment 11	

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Educational Requirements Worksheet for Licensed Professional Counselor

INSTRUCTIONS: Place the relevant course(s) from your transcripts into the appropriate category on the worksheet. A course cannot be used twice to fulfill more than one content area. NOTE: You must attach a college catalog, description or syllabus to substantiate the specific material included in each course listed on the worksheet.

Content Area	Course No.	Course Title	Credit Hours Qrt. Sem.
Human Growth and Development	NO.		Qit. Seiii.
Development 2. Social and Cultural Foundations			
Helping Relationships			
4. Groups			
Lifestyle and Career Development			
6. Measurement			
7. Research and Evaluation			
8. Professional Orientation			
9. Practicum			
10. Internship			

NOTE: The following page contains the definitions of the above content areas PLEASE BE SURE TO INCLUDE THIS COMPLETED WORKSHEET WITH YOUR APPLICATION

Attachment 12-Page 1



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OFFICES LOCATED AT: 122 NORTHERN AVENUE,
GARDINER, MAINE

EDUCATIONAL REQUIREMENTS FOR LICENSED PROFESSIONAL COUNSELOR

Chapter 2, Section 1

<u>Human Growth and Development</u>: Studies that provide an understanding of the nature and needs of individuals at different developmental levels throughout the life span.

<u>Social and Cultural Foundations</u>: Studies that provide an understanding of societal changes and trends, human roles, social mores, and interaction patterns, and differing life styles.

<u>Helping Relationships</u>: Studies that provide an understanding of philosophic bases of helping processes, counseling theories and their applications, basic and advanced counseling skills, consultation theories and skills, self-understanding and self-development, and facilitation of client or consultee change.

<u>Groups</u>: Studies that provide an understanding of group development, dynamics, group counseling theories, group leadership styles, and group counseling methods and skills.

<u>Lifestyle and Career Development</u>: Studies that provide an understanding of career development theories, occupational and educational information services, career counseling, and career decision-making.

<u>Measurement</u>: Studies that provide an understanding of group and individual educational and psychometric theories and approached to measurement, data and information-gathering methods, validity, reliability, psychometric statistics, factors influencing measurements, and use of measurement results in the helping process.

<u>Research and Evaluation</u>: Studies that provide an understanding of the types of research, basic statistics, research report development, research implementation, program evaluation, needs assessment, and ethical and legal consideration associated with research and evaluation.

<u>Professional Orientation</u>: Studies that provide an understanding of professional roles and functions, professional organizations and associations, history and trends within the profession, ethical and legal standards, and professional preparation standards and professional credentialing.

<u>Practicum</u>: A course of instruction that provides practical experience in counseling for the purpose of developing individual and group counseling skill. These studies include some counseling activities that a regularly employed licensed professional counselor would be expected to perform.

<u>Internship</u>: A supervised counseling experience of at least 600 clock hours. The internship provides an opportunity for the student to perform all the activities that a regularly employed counselor would be expected to perform.



Board of Counseling Professionals Licensure

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SUGGESTED FORMAT FOR DISCLOSURE STATEMENT

Disclosure Statement

A. Name, M.S.

Such-and-such Counseling Service

555 Main Street

City, Maine (207) 666-7777

B. Degree: Highest degree and related field of study

Licensure: Please indicate here the license/registration type, original or renewal license, and the projected begin and end date of license term (2 year cycle). (If conditionally licensed, please indicate).

(Example: LCPC, original: 9/03 expiration: 9/05)

- **C.** Areas of competence I am trained for work with individuals, couples, and(continued concisely, but with a much detail as necessary to give clients an idea of the range of your skills and scope of your license/registration).
- **D.** Course of Action- At the first interview(Include a description of your usual process of intake, assessment, and goal setting. If clinically licensed, please also explain your process for diagnosing and treating. This is designed to give your prospective client an idea of what to expect in counseling).
- **E. Confidentiality** A statement indicating the limits and scope of confidentiality. The following exceptions **must** be included:
 - 1. Threat of serious harm to self or others.
 - 2. Reasonable suspicion of child abuse, or abuse of elder or any incapacitated person.
 - Court order.
 - 4. Voluntary release signed by client or guardian.
 - 5. In defense against legal action or formal complaint which client makes before a court or regulatory board.
 - 6. During supervisory consultations.
- **F. Supervision** A statement indicating supervision arrangement of counselor, when applicable.
- **G. Fee schedule, hours of business, policy regarding third party payments** explained with words that are clearly understood.
- H. Accountability A statement to the effect that "the practice of counseling is regulated by the Department of Professional and Finance Regulation, and complaints may be registered by contacting: Board of Counseling Professionals Licensure

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Attachment 16

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